

QUALIFIED MEMBERSHIP APPLICATION FORM

Part A: to be completed by all applicants:

NAME: Tel (work):
..... Tel (home):
(or) Authority/Organisation/Business name: Tel (mobile):
..... Fax:
Address: Email:
..... Present employment – Title and outline Details:
.....

Part B: Details of relevant Arboricultural experience of the Business owner: Include all areas of specialisation and practical experience.

.....
.....

Part C: Qualifications-Cert 111 (essential for Qualified Membership) of the Business owner: PLEASE WRITE BELOW, COPIES MUST BE ATTACHED FOR VARIFICATION

.....
.....

**It is important to note that it shall be a requirement for the new Qualified Members Category and the Register of Arboricultural Contractors and Consultants that any applicant will be required to acknowledge that the criteria for both schemes will be subject to change in the future as the criteria rises to align with similar standards that other related national and international bodies require.*

Part D Insurance: Include name of Insurer, policy type and coverage dates.

.....
.....

The QAA offers its members an extensive range of discounted insurance products, if interested please indicate by placing a tick. QAA will contact you with quotes:

Public Liability Insurance. **Professional Indemnity Insurance.**

Part E Subscription rates and payment methods (to be completed by all applicants)

There is a \$44.00 Once off Joining Fee applicable to every new application.

Subscription rates per year: **There are 3 ways you can pay: However, please do not pay until your application has been approved. (You will be notified via Email or phone and a Tax invoice will be sent)**

a. Cheque. Cheque should be made payable to “The Queensland Arboricultural Association”

b. Bank details are as follows:

Westpac Banking; BSB: 034070 Account number 277270

Qualified Member \$260.00 Remember to quote invoice number

c. MasterCard/Visa only, no debit cards (Note: 2.5% transaction fee will apply)

Card no

Expiry Date:

Return this application form to The Queensland Arboricultural Association, PO Box 327, Cleveland Qld 4163.

Part F Declaration (to be completed by all applicants)

I wish to apply for Qualified Membership of the Queensland Arboricultural Association Inc. Copies of relevant details are attached. (If not, qualified membership will not be recognised)

1. If accepted, I will observe its Code of Ethics (copies of which can be obtained from the Association’s office and via our website)
2. I will not use the Association’s name or logo in my advertising or on my stationery unless I maintain my membership and have been authorized to do so in writing by the Queensland Arboricultural Association Inc.
3. I understand that I am entitled to vote at the Annual General Meeting.

Name: Signature: Date:

POSTAL ADDRESS: PO BOX 327, CLEVELAND QLD 4163

Phone 07 3821 1488 Fax 07 3821 1788 8.30-5.00pm

Email gaa.net@bigpond.net.au WEBSITE www.gaa.net.au